

MDR Tracking Number: M5-04-1910-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 02-26-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. All treatment, testing, and services (with the exception of the neuromuscular stimulator and conductive gel) rendered from 3/27/03 through 5/27/03 **were found** to be medically necessary. All treatment, testing and services rendered beyond 5/27/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 18th day of May 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 3/27/03 through 5/27/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 18th day of May 2004.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division
DRM/rlc

May 3, 2004

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IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine who is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services and EOB's

Correspondence from treating doctor (peer review rebuttal) 8/27/03

Letter from ___ (ortho surgeon) 06/19/03

Peer review 05/15/03

Letter from ___ (ortho surgeon) 05/28/03

Medical consultation ___ 03/13/03

___ documentation 03/03 thru 07/03

Nerve conduction studies 05/01/03, MRI left wrist 03/28/03, X-ray left wrist 03/27/03

Clinical History:

The patient originally injured her left hand and wrist in a work-related accident on _____. The disputed dates of service began on 03/27/03 and include an office visit in which there were subjective findings and objective findings sufficient to warrant an initial evaluation of this patient's current condition. The patient was evaluated and an aggressive and intensive treatment program was begun. Over the course of treatment, additional diagnostic testing in the form of MRI, electrodiagnostic testing, and plain films x-rays were interpreted as being normal.

Disputed Services:

Office visits, joint mobilization, myofascial release, traction, therapeutic procedure, FCE, range of motion testing, analysis of information, x-ray, neuromuscular stimulator and and conductive gel during the period of 03/27/03 through 11/21/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The neuromuscular stimulator and conductive gel were not medically necessary. All the other treatment, testing and services were medically necessary during the period of 03/27/03 through 05/27/03. All treatment, testing and services rendered beyond 05/27/03 were not medically necessary in this case.

Rationale:

National Treatment Guidelines allow for this type of treatment with these types of injuries. However, not in the intensity and magnitude that this patient received for this injury. Initially, in reviewing the records, I find that the treatment in question began on 03/27/03 some ____ post-injury date. Under normal circumstances and situations, injuries of this nature should have resolved in this time frame. However, given the benefit of the doubt, we find that on 03/27/03 there were sufficient subjective and objective findings to warrant a trial of conservative care to be allowed. However, additional diagnostic testing in the form of electrodiagnostic and MRI being interpreted as normal would lead to the diagnosis of a simple strain versus a more complex injury.

With this in mind, National Treatment Guidelines would allow up to 2 months of therapy with a progression from passive into active therapy during this time frame. Given the extent of this patient's injury and no documented objective diagnostic testing present, the neuromuscular stimulator would not be medically necessary in this case. In conclusion, all services for 03/27/03 through 05/27/03 with the exception of the neuromuscular stimulator on 04/04/03 were, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury. There is sufficient documentation provided to clinically justify the 2-month trial of care. However, there is not sufficient documentation to clinically justify treatment beyond that 2-month time frame. Therefore, all services after 05/27/03 were not reasonable, usual, customary, or medically necessary to treat this patient's on the job injury.

Sincerely,